04/17/2007 15:24

FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 03 0 1 2007 03 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 04 17 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

Image# 27930639114

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

F	eport Covering the Period: From:	01 2007	To: 0 3 3 1 2 0 0 7
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1		1038787.58
	(b) Cash on Hand at Begining of Reporting Period	953059.70	
	(c) Total Receipts (from Line 19)	102107.14	205662.03
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1055166.84	1244449.61
7.	Total Disbursements (from Line 31)	142571.62	331854.39
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	912595.22	912595.22
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

м м 0 3

From:

01

^Y 2007

o. 03

^D 3 1

^Y 2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	17154.19	40475.31
	(ii) Unitemized	8596.71	19229.42
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	25750.90	59704.73
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	5000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	25750.90	64704.73
2.	Transfers From Affiliated/Other Party Committees	76000.00	139900.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	356.24	1057.30
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	102107.14	205662.03
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	102107.14	205662.03

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 COLUMN A **COLUMN B** II. DISBURSEMENTS **Total This Period** Calendar Year-to-Date

21	Operating Expenditures:	Total Tills I criod	Odieridai Teal-to-Date
۷۱.	(a) Shared Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1771.62	2304.39
	Expenditures(c) Total Operating Expenditures	1771.02	2004.03
	(add 21(a)(i), (a)(ii) and (b))	1771.62	2304.39
22.	Transfers to Affiliated/Other Party		
23	CommitteesContributions to	0.00	0.00
_0.	Federal Candidates/Committeesand Other Political Committees	140800.00	329300.00
24.	Independent Expenditure		
25	(use Schedule E)	0.00	0.00
20.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use Schedule F)		
26.	Loan Repayments Made	0.00	0.00
07	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	250.00
	(b) Bullitari Barta Quaratilia	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	250.00
	(add Lines 28(a), (b), and (c))	0.00	250.00
29.	Other Disbursements	0.00	0.00
30	Federal Election Activity (2 U.S.C 431(20))		
50.	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	200	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
31	Total Disbursements (add Lines 21(c), 22,		
٠	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	142571.62	331854.39
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	142571.62	331854.39
	from Line 31)	1423/1.02	331034.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	25750.90	64704.73
34.	Total Contribution Refunds (from Line 28(d))	0.00	250.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	25750.90	64454.73
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1771.62	2304.39
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8.	Net Operating Expenditures (subtract Line 37 from Line 36)	1771.62	2304.39

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 63
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and Statem	ents may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	e and add	ress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Karen S. Haase-Herrick, MN, RN			Date of Receipt
	Mailing Address 300 Elliott Avenue West Suite 300			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	,	State	Zip Code	Transaction ID: 13823948
	Seattle	WA	98119-4198	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Northwest Hospital and Me-	ccupation xecutive	Director	
	dicai Ceritei		Year-to-Date ▼	1
	Primary General	-		
	Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Rita M. Turley, MS, RN			Date of Receipt
Mailing Address 351 Morningside Lane North				03 / 02 / 4 7 7 7
	•	State	Zip Code	Transaction ID: 13823949
		MT	59105-2873	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Sisters of Charity of Lea-	ccupation		
	venworth Heal	_ <u> </u>	Vice President	
	Receipt For: A Primary General	ggregate	Year-to-Date ▼	
	Other (specify) ▼		500.00	
).	Full Name (Last, First, Middle Initial) Ms. Susan J. Wilder, MBA, RN			Date of Receipt
	Mailing Address 3330 Lomita Blvd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	,	State	Zip Code	Transaction ID: 13823950
	Torrance	CA	90505-5073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Torranco Mamarial Madical	ccupation		7
	Center		Nursing Staff Services	_
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)		·····	1000.00
_	OTAL This Davied (lest ness this line assets as at 1)			
- 1	OTAL This Period (last page this line number only)		······································	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate sch or each category Detailed Summar	of the (Check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used the name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC	:	
Full Name (Last, First, Middle Initial) Mr. Timothy J Walsh Mailing Address P O Box 1477 City Oak Bluffs FEC ID number of contributing federal political committee. Name of Employer Martha's Vineyard Hospital	State Zip Code MA 02557-1477 C Occupation Chief Executive Officer	Date of Receipt M M M
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) Mr. John Hanshaw Mailing Address 1200 East 3900 Sor City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer HCA - Mountain Division Receipt For: Primary General	State Zip Code UT 84124-1390 C Occupation President Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 13840335 Amount of Each Receipt this Period 1000.00
Other (specify) ▼ Full Name (Last, First, Middle Initial)		000.00
Mr. Anthony L Spezia Mailing Address 100 Fort Sanders W City Knoxville FEC ID number of contributing federal political committee. Name of Employer Covenant Health Receipt For: Primary General Other (specify)	State Zip Code TN 37922-3353 C Occupation President and Chief Execution Aggregate Year-to-Date	Date of Receipt M M M O D D O D O D O D O D O D O D O D
SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line numl	per only)	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 8/63
ITEMIZED RECEIPTS			or each category of the	(check only one)	
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				13 14	15 16 17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person dress of any political committee to	n for the purpose of solicitir solicit contributions from su	ig contributions uch committee.
<u></u>	NAME OF COMMITTEE (In Full)		are or arry point our committee to		
$ \rangle$	American Hospital Association PAC				
	American Hospital Association I AC				
	Full Name (Last, First, Middle Initial)				
A.	Dr. Mary Beth Walsh, M.D.			Date of Receipt	
	Mailing Address 785 Mamaroneck Aven	ue		M M / D D /	2007
	Cit.	01-1-	7:- 0 - 4 -	03 12	
	City White Plains	State	Zip Code	Transaction ID: 138	
	White Plains	NY	10605-2593	Amount of Each Rece	apt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	rederal political committee.				
	Name of Employer Burke Rehabilitation Hosp-	Occupation			
	ital		ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)	-			
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address Institute of Psychiatry			M M / D D /	YYYY
				03 12	2007
	City	State	Zip Code	Transaction ID: 138	62463
	Charleston	SC	29403-5836	Amount of Each Rece	eipt this Period
	FEC ID number of contributing	C			250.00
	federal political committee.	9			
	Name of Employer MUSC Medical Center of Me-	Occupation	1		
	MUSC Medical Center of Medical Univers	Administ	rator		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)		230.00		
	Full Name (Leaf First Affill Life S				
C.	Full Name (Last, First, Middle Initial) Mr. Mark D Pilla			Date of Receipt	
•	Mailing Address 99 Highway 37 West			M M / D D /	YYYY
	- S S S S S S S S S S S S S S S S S S S			03 09	2007
	City	State	Zip Code	Transaction ID: 138	62537
	Toms River	NJ	08755-6423	Amount of Each Rece	eipt this Period
	FEC ID number of contributing	C			500.00
	federal political committee.				300.00
	Name of Employer	Occupation	 1		
	Community Medical Center	Executive			
	Receipt For:		Year-to-Date ▼		
	Primary General			1	
	Other (specify)		500.00		
_					
					1000.00
s	UBTOTAL of Receipts This Page (optional)		······		1000.00
T	OTAL This Period (last page this line number of	only)	>		

S	CHEDULE A (FEC Form 3X)		Han annount out 117	FOR LINE NUMBER: PAGE 9 / 63
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stator for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Elizabeth A. Ryan, Esq.			Date of Receipt
	Mailing Address 760 Alexander Road P. O. Box 1			03 / 09 / 2007
	City	State	Zip Code	Transaction ID: 13862574
	Princeton	NJ	08540-6389	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer New Jersey Hospital Assoc-	Occupation General (
	iation Receipt For:		e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Ms. Mary M. Fuqua			Date of Receipt
	Mailing Address 96 Grandview Drive			03 12 2007
	City	State	Zip Code	Transaction ID: 13862696
	Williamstown	MA	01267-2528	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Berkshire Health Systems,	Occupation	n	
	Inc.	Trustee		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
).	Full Name (Last, First, Middle Initial) Mr. Stephen R. Griffin			Date of Receipt
	Mailing Address 600 Wood Pond Road			M M / D D / Y Y Y Y
	20			03 12 2007
	Chechira	State CT	Zip Code	Transaction ID: 13862768
	Cheshire	<u> UI</u>	06410-4341	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Saint Mary's Hospital	Occupation Trustee	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
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1	OTAL This Period (last page this line number o	ıп у)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 63
ITEMIZED RECEIPTS		or each category of the	(check only one)
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Any information copied from such Reports and St	atements may	not be sold or used by any person	n for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Ms. Susan R Murray			Date of Receipt
Mailing Address 3288 Moanalua Road			M M / D D / Y Y Y Y
			03 12 2007
City	State	Zip Code	Transaction ID: 13862771
<u>Honolulu</u>	HI	96819-1495	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Kaiser Permanente Medical	Occupation	n	
Center		Administrator	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Guisi (epssily) 🔻	0 0		
Full Name (Last, First, Middle Initial) B. Dr. Cheryl L. Hoying, Ph.D., RN,			Date of Receipt
Mailing Address 1241 Ashland Avenue			03 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 13903845
Dayton	ОН	45420-1503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Children's Hospital Medic-	Occupation		
al Center		ce President, Patient Care S	<u>e</u>
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		250.00	
Full Name (Last, First, Middle Initial) C. Ms. Sarah B. Buck			Date of Receipt
Mailing Address 2052 Pinehurst Drive			M M / D D / Y Y Y Y
			03 13 2007
City	State	Zip Code	Transaction ID: 13903872
Ames	IA	50010-4561	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Mary Greeley Medical Cent-	Occupation Trustee	n	
er Receipt For:		e Year-to-Date ▼	-
Primary General	33 - 3		
Other (specify) ▼		250.00	
			1000.00
SUBTOTAL of Receipts This Page (optional)		·····	1000.00
TOTAL This Period (last page this line number of	only)	>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 11 / 63
	ITEMIZED RECEIPTS		or each category of the	(check only one)	1
••			Detailed Summary Page	X 11a 11b 14	11c 12 15 16 17
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
\angle	•				
	Full Name (Last, First, Middle Initial)			Data of Davidat	
Α.	Ms. Margaret Allison			Date of Receipt	
	Mailing Address 200 Morningside Dr			03 13	2007
	City	State	Zip Code	Transaction ID: 13	903873
	San Antonio	TX	78209-4734	Amount of Each Re	
	FEC ID number of contributing				1000.00
	federal political committee.	C			1000.00
	Name of Employer	Occupation	2	_	
	Name of Employer Methodist Healthcare Syst-		MHS Board of Governors		
	em of San Ant Receipt For:		Year-to-Date ▼		
	Primary General	99 - 9			
	Other (specify) ▼		1000.00		
ь	Full Name (Last, First, Middle Initial)			Data of Descint	
В.		Daad		Date of Receipt	
	Mailing Address 12675 Riviera Heights Road			03 19	2007
	City	State	Zip Code	Transaction ID: 13	910132
	Holts Summit	MO	65043-2039	Amount of Each Re	
	FEC ID number of contributing				111.12
	federal political committee.	C			111.12
	Name of Employer	Occupation	า	-	
	Name of Employer Missouri Hospital Associa-		President, Government Relat	id	
	tion Receipt For:		Year-to-Date ▼	1	
	Primary General		222.22		
	Other (specify)		333.36		
C.	Full Name (Last, First, Middle Initial) Mr. Marc D. Smith			Date of Receipt	
٠.	Mailing Address 5612 Tanner Bridge Ro	ad		M M / D D	/ Y Y Y Y
				03 19	2007
	City	State	Zip Code	Transaction ID: 13	910144
	Jefferson City	MO	65101-8275	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	С			111.12
	federal political committee.	0			
	Name of Employer Missouri Hospital Associa-	Occupation	1	7	
	Missouri Hospital Associa- tion	President	t and Chief Executive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		222.24		
	Other (specify)				
_	IIDTOTAL of Descints This Desc (cution 1)		_		1222.24
L	UBTOTAL of Receipts This Page (optional)		<u> </u>		
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 63
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	LIMIZED HEOLII 13		Detailed Summary Page	X 11a 11b 11c 12
Δ.,	winformation conicd from such Departs and Ct	atamanta ma	, not be cold or used by one norse	13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	·			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. Craig N Melin			Date of Receipt
	Mailing Address P O Box 5001			03 19 2007
	City	State	Zip Code	Transaction ID: 13910165
	Northampton	MA	01061-5001	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of European	10		_
	Name of Employer Cooley Dickinson Hospital	Occupation	n t and Chief Executive Officer	
	Receipt For:		Year-to-Date ▼	-
	Primary General	riggrogate	Tour to Bate V	
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			
В.	Ms. Deanna S. Howard			Date of Receipt
	Mailing Address 5 Paine Road			03 19 2007
	City	State	Zip Code	
	Etna	NH	03750-4508	Transaction ID: 13910184 Amount of Each Receipt this Period
			03730-4300	Amount of Each Receipt this Feriod
	FEC ID number of contributing federal political committee.	C		250.00
	·			
	Name of Employer Dartmouth-Hitchcock Medic-	Occupation		1.
	al Center		Regional Program Developm	nent
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	250.00	
	cure (epochy) \	0 0	1 1 1 1 1 1 1	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. John K. Springer			Date of Receipt
	Mailing Address 27 Birch Pt. Lane			M M / D D / Y Y Y Y
	City	Ctata	7in Codo	03 19 2007
	City	State NH	Zip Code	Transaction ID: 13910185
	Sunapee	INIT	03782-2600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer New London Hospital	Occupation	n	
		Trustee		4
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			750.00
\vdash				
T	OTAL This Period (last page this line number of	only)	>	

SC	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 / 63		
			Use separate schedule(s) or each category of the	(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			Dotailed Carifficacy Fage	13 14 15 16 17		
An	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mrs. Ginger Renkiewicz			Date of Receipt		
	Mailing Address 24750 Nottingham Driv	е		03 / 27 / 2007		
	City	State	Zip Code	Transaction ID: 13941865		
	Novi	MI	48374-2757	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Trinity Health	Occupation Director.	n Performance Leadership			
	Receipt For:		Year-to-Date ▼			
	Primary General			1		
	Other (specify)		250.00			
_	Full Name (Last, First, Middle Initial)			B. (B.)		
В.	Mrs. Ginger Renkiewicz			Date of Receipt		
	Mailing Address 24750 Nottingham Driv	е		03 27 2007		
	City	State	Zip Code	Transaction ID: 13941869		
	Novi	MI	48374-2757	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Nome of Employer			_		
	Name of Employer Trinity Health	Occupation	Performance Leadership			
	Receipt For:		Year-to-Date ▼	_		
	Primary General	7 1991 09410		1		
	Other (specify) ▼		500.00			
	Full Name (Last, First, Middle Initial)					
C.	Mr. Gale Walker			Date of Receipt		
	Mailing Address 401 Glynn Drive			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City	State	Zip Code	Transaction ID: 13942205		
	Parkston	SD	57366-2031	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.			230.00		
	Name of Employer Avera St. Benedict Health	Occupation		.		
	Center Pagaint For:		and Chief Executive Officer			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,		
	Other (specify)		250.00			
	Caron (openity) 🔻	-		1		
91	JBTOTAL of Receipts This Page (optional)			750.00		
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TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16 17						
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.						
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC									
۸.	Full Name (Last, First, Middle Initial) Ms. Henrietta S. Fielek Mailing Address 325 Seventh Street, NW Suite 700 City	State	Zip Code	Date of Receipt M M						
	Washington	DC	20004-2818	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Occupation			2004 2010	1000.00						
			n sident, Education e Year-to-Date ▼ 1000.00							
3.	Full Name (Last, First, Middle Initial) Ms. Joelle Jensen Mailing Address 705 W. Broad			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: 13942218						
	North English	IA	52316-9551	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		215.00						
	Name of Employer University of Iowa Hospit- als and Clini Receipt For: Primary General Other (specify)		e Director of Nursing e Year-to-Date ▼ 215.00							
 C.	Full Name (Last, First, Middle Initial) Ms. Christine Wack			Date of Receipt						
	Mailing Address AHA One North Franklin Stree		7:a Cada	0 3						
	Chicago	State II	Zip Code 60606	Transaction ID: 13947411 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify)		New Product Development e Year-to-Date ▼ 250.00							
S	UBTOTAL of Receipts This Page (optional)			1465.00						
T	OTAL This Period (last page this line number or	lv)								

-	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15 / 63						
			Use separate schedule(s) or each category of the	(check only one)						
111	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12						
			Dotailed Currintary 1 age	13 14 15 16 17						
Any	y information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions						
or f	or commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.						
I \	NAME OF COMMITTEE (In Full)									
	American Hospital Association PAC									
	Full Name (Last, First, Middle Initial) Ms. Kathleen A. Bizarro, FACHE			Date of Receipt						
	Mailing Address Post Office Box 504			03 / 27 / 2007						
	City	State	Zip Code	Transaction ID: 13947412						
	South Sutton	NH	03273-0504	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer New Hampshire Hospital As-	Occupation	e Vice President							
	sociation Receipt For:		Year-to-Date ▼	\dashv						
	Primary General	1.99.194		1						
	Other (specify) ▼		250.00							
				-						
	Full Name (Last, First, Middle Initial) Mr. Stephen Pribyl			Date of Receipt						
	Mailing Address 800 Medical Center Dri	ve		03 12 2007						
	City	State	Zip Code	Transaction ID: 13947564						
	Fairmont	MN	56031-4575	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Fairmont Medical Center-M-	Occupation	n ministrative Officer							
	ayo Health Sy Receipt For:		Year-to-Date ▼							
	Primary General	riggregate	Total to Bate V	1						
	Other (specify) ▼		250.00							
	Full Name (Last, First, Middle Initial) Mr. Larry Walker			Date of Receipt						
	Mailing Address 4848 Hastings Drive			M M / D D / Y Y Y Y						
				03 12 2007						
	City	State	Zip Code	Transaction ID: 13947570						
	Lake Oswego	OR	97035-5745	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Legacy Mount Hood Medical	Occupation	1							
	<u>Center</u>	Trustee	Voor to Data 🔻	_						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	-						
	Other (specify)		500.00							
	Carior (openity)	-	0 0 0 0 0 0 0	1						
61	JBTOTAL of Receipts This Page (optional)			1000.00						
St	DETAL OF TECEIPLE THIS Page (Optional)									

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 63					
ITEMIZED RECEIPTS		or each category of the	(check only one)					
· · · · · · · · · · · · · · · · · · ·		Detailed Summary Page	X 11a 11b 11c 12 15 16 17					
Any information copied from such Reports and S	tatements may	y not be sold or used by any perso	on for the purpose of soliciting contributions					
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
American Hospital Association PAC								
Full Name (Last, First, Middle Initial)								
Mr. Carl Greiner Mailing Address 4350 Dewey Avenue			Date of Receipt					
Mailing Address 4350 Dewey Avenue			03 30 2007					
City	State	Zip Code	Transaction ID: 13984539					
<u>Omaha</u>	NE	68198-0001	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
rederal political committee.								
Name of Employer Nebraska Medical Center	Occupatio							
Receipt For:		ef of Staff e Year-to-Date ▼	_					
Primary General	Aggregate		1					
Other (specify) ▼		250.00						
E 11.11								
Full Name (Last, First, Middle Initial) 3. Ms. Lauren A. Barnett			Date of Receipt					
Mailing Address One North Franklin Str	eet		M M / D D / Y Y Y Y					
Oit.	Ctata	7:- O-d-	03 30 2007					
City <u>Chicago</u>	State II	Zip Code 60606	Transaction ID: 13984541					
FEC ID number of contributing		00000	Amount of Each Receipt this Period					
federal political committee.	C		250.00					
Name of Employer	Occupatio	n	+					
Name of Employer American Hospital Associa- tion-Chicago		e Director, SHSMD						
Receipt For:	Aggregate	e Year-to-Date ▼						
Primary General Other (specify) ▼	1	250.00	1					
Other (specify)	0 0		1					
Full Name (Last, First, Middle Initial)								
Ms. Maureen D. Mudron Mailing Address 325 Seventh Street, NV	Λ/		Date of Receipt					
Mailing Address 325 Seventh Street, NV Suite 700	/V		03 30 2007					
City	State	Zip Code	Transaction ID: 13987680					
Washington	DC	20004-2818	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
·								
Name of Employer American Hospital Associa-	Occupatio	n neral Counsel						
tion-Washingt Receipt For:		e Year-to-Date V	\dashv					
Primary General	35 13		1					
Other (specify) ▼	0 0	250.00						
SUBTOTAL of Receipts This Page (optional)			750.00					
. 3 (144-47)								
TOTAL This Period (last page this line number	only))						

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 17 / 63						
	•		Use separate schedule(s) or each category of the	(check only one)						
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16 17						
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any person	on for the purpose of soliciting contributions						
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	o solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
	American Hospital Association PAC									
Α.	Full Name (Last, First, Middle Initial) Mr Monte Akridge			Date of Receipt						
	Mailing Address 3300 NW Expressway		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$							
	City	State	Zip Code	Transaction ID: 13991783						
	Oklahoma City	OK	73112-4418	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Integris Baptist Medical	Occupation Vice Pres								
	Center Receipt For:		Year-to-Date V	\dashv						
	Primary General	7.99.094.0	Tour to Bate V	1						
	Other (specify) ▼		250.00							
				"						
В.	Full Name (Last, First, Middle Initial) Mr. Al Allee			Date of Receipt						
	Mailing Address 319 East Josephine			M M / D D / Y Y Y Y						
				03 22 2007						
	City	State	Zip Code	Transaction ID: 13991784						
	Frederick	OK	73542-2220	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		556.40						
	Name of Employer	Occupation	1							
	Name of Employer Memorial Hospital and Phy- sician Group		ecutive Officer							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General			1						
	Other (specify)		556.40							
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Albert Gray			Date of Receipt						
J .	Mailing Address 6800 NW 39th Express	way		M M / D D / Y Y Y Y						
	The same of the sa	vay		03 22 2007						
	City	State	Zip Code	Transaction ID: 13991808						
	Bethany	OK	73008-2513	Amount of Each Receipt this Period						
	FEC ID number of contributing			250.00						
	federal political committee.	C		250.00						
	Name of Employer The Children's Center	Occupation Chief Exe	n ecutive Officer							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		050.00	1 1						
	Other (specify)		250.00							
				1050.40						
s	UBTOTAL of Receipts This Page (optional))	1056.40						
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TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 63	
	EMIZED RECEIPTS		or each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	7
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the na	ame and ado	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
/	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Ms. Jacquelyn Harms, , R.N.			Date of Receipt	
	Mailing Address P O Box 1207			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 13991809	
	Durant	OK	74702-1207	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Medical Center of Southea-	Occupation	n ecutive Officer		
	stern Oklahom Receipt For:		Year-to-Date ▼	-	
	Primary General			1	
	Other (specify)	1 1	500.00		
3.	Full Name (Last, First, Middle Initial) Mr. Craig W. Jones, FACHE			Date of Receipt	
	Mailing Address 1904 Windermere Drive	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	City	State	Zip Code	Transaction ID: 13991815	
	Norman	OK	73072-3005	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	С		500.15	
	Name of Employer Oklahoma Hospital Associa-	Occupation		7	
	tion	President		4	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1	
	Other (specify) ▼	0 0	500.15		
).	Full Name (Last, First, Middle Initial) Mr. Gary W Mitchell			Date of Receipt	_
	Mailing Address 905 South Main Street			03 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 13991820	
	Shattuck	OK	73858-9208	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer Newman Memorial Hospital	Occupation Chief Exe	n ecutive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼				
S	UBTOTAL of Receipts This Page (optional)			1500.15	
T	OTAL This Period (last page this line number on	ly))		

PAGE 19 / 63 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Date of Receipt Mr. Scott Street Mailing Address P O Box 2000 03 2007 22 Zip Code City State Transaction ID: 13991829 OK Duncan 73534-2000 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Duncan Regional Hospital Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Maha Sultan, M.D. Date of Receipt Mailing Address 319 East Josephine 03 22 2007 City State Zip Code Transaction ID: 13991830 **Frederick** OK 73542-2220 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Memorial Hospital and Phy-Occupation Hospital Administrator sician Group Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Martin G. Oscadal Date of Receipt Mailing Address 1815 Farm Hospital Way 0 3 2007 30 Citv State Zip Code Transaction ID: 14001530 Florence KY 41042 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Name of Employer St. Elizabeth Medical Cen-Occupation V.P. Human Resources ter-Grant Cou Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Harana and a day day	FOR LINE NUMBER: PAGE 20 / 63							
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)							
11	EMIZED RECEIP 15		Detailed Summary Page	X 11a 11b 11c 12							
				13 14 15 16 17							
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)										
American Hospital Association PAC											
A.	Full Name (Last, First, Middle Initial) Mr. Alex White, Jr.			Date of Receipt							
	Mailing Address One North Franklin			M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR1339349918775							
	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		180.00							
	Name of Employer American Hospital Associa- tion	Occupation Account	n Executive								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼	0 0	360.00	P/R Deduction (\$60.00 Bi- Weekly)							
— В.	Full Name (Last, First, Middle Initial) Ms. Linda Fishman			Date of Receipt							
	Mailing Address 325 Seventh Street, NW Suite 700	I		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR327629118775							
	Washington	DC	20004-2818	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		135.00							
	Name of Employer American Hospital Associa-	Occupation	า								
	tion-Washingt		sident Federal Relations								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼	0 0	225.00	P/R Deduction (\$45.00 Bi- Weekly)							
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt							
	Mailing Address 325 Seventh Street, NW Suite 700	I		M " M / D " D / Y " Y " Y " Y							
	City	State	Zip Code	Transaction ID: PR327812018775							
	Washington	DC	20004-2818	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		120.00							
Name of Employer American Organization of Nurse Executi		Occupation	า	7							
		Executive	e Director								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$40.00 Bi- Weekly)							
s	UBTOTAL of Receipts This Page (optional)			435.00							
\vdash	OTAL This Period (last page this line number o										

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 63							
	EMIZED RECEIPTS		or each category of the	(check only one)							
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17							
Δη	y information copied from such Reports and St	atements may	y not he sold or used by any nerso								
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)											
American Hospital Association PAC				_							
Full Name (Last, First, Middle Initial) A. Mr. Mark Seklecki				Date of Receipt							
	Mailing Address 325 Seventh Street, NV Suite 700			M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR327858018775							
	Washington	DC	20004-2818	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		120.00							
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive	n e Director, AHAPAC								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		280.00	P/R Deduction (\$40.00 Bi- Weekly)							
_	Full Name (Last, First, Middle Initial)			Patrof Produt							
В.	Mr. Richard J Umbdenstock	\ /		Date of Receipt							
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR328132818775							
	Washington	DC	20004-2818	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		135.00							
	Name of Employer American Hospital Associa-	Occupation									
	tion-Washingt	President									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		225.00	P/R Deduction (\$45.00 Bi- Weekly)							
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt							
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR328260918775							
	Washington	DC	20004-2818	Amount of Each Receipt this Period							
Name of Employer		C		120.00							
		Occupation Executive	n e Vice President								
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General Other (specify) ▼		280.00	P/R Deduction (\$40.00 Bi- Weekly)							
<u> </u>	UBTOTAL of Receipts This Page (optional)			375.00							
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T	OTAL This Period (last page this line number of	only)									

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 63 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		·	
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328341818775
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	n Political Action & Grassroot	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		280.00	P/R Deduction (\$40.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511818775
	Yardley	<u>PA</u>	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		142.80
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		333.20	P/R Deduction (\$47.60 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
	Mailing Address 4960 138th Circle West			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR330475418775
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Chicago '		Executive	4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/P Deduction (\$40.00 Pi
	Other (specify) ▼		280.00	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			382.80
_			<u> </u>	
T	OTAL This Period (last page this line number or	าly)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 23 / 63					
			Use separate schedule(s)	(check only one)					
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12					
			Detailed Guillinary Lage	13 14 15 16 17					
An	y information copied from such Reports and Sta	tements may	not be sold or used by any persor	for the purpose of soliciting contributions					
or 1	for commercial purposes, other than using the n	ame and add	dress of any political committee to s	solicit contributions from such committee.					
\	NAME OF COMMITTEE (In Full)								
\rangle	American Hospital Association PAC								
`	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.			Date of Receipt					
٦.	Mailing Address PO Box 15587			M M / D D / Y Y Y Y					
	Maining / Idai 665 1 O BOX 1556/								
	City	State	Zip Code	Transaction ID: PR331416018775					
	Austin	TX	78761-5587	Amount of Each Receipt this Period					
	FEC ID number of contributing			180.00					
	federal political committee.	C		180.00					
	Name of Employer American Hospital Associa-	Occupation	n ional Executive for TX	7					
	tion Receipt For:		Year-to-Date V	-					
	Primary General	Aggregate	: Teal-to-Date V	D/D Dadwatian (\$00.00 Di					
	Other (specify)		417.69	P/R Deduction (\$60.00 Bi- Weekly)					
_	Full Name (Last, First, Middle Initial) Mr. Donald May			Date of Receipt					
٠.	Mailing Address 521 Great Falls Street			M M / D D / Y Y Y Y					
	JZ1 Great I alls Street			Wishin A Bandara					
	City	State	Zip Code	Transaction ID: PR331533218775					
	Falls Church	VA	22046-2613	Amount of Each Receipt this Period					
	FEC ID number of contributing			100.00					
	federal political committee.	C		120.00					
	Name of Employer	Occupation	<u> </u>	4					
	Name of Employer American Hospital Associa-		sident, Policy						
	tion-Washingt Receipt For:		Year-to-Date ▼						
	Primary General	33 -3		P/R Deduction (\$40.00 Bi-					
	Other (specify) ▼	1	280.00	Weekly)					
) .	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh			Date of Receipt					
	Mailing Address 325 Seventh Street, NW	1		M M / D D / Y Y Y Y					
	Suite 700								
	City	State	Zip Code	Transaction ID: PR517619718775					
	Washington	DC	20004-2818	Amount of Each Receipt this Period					
	FEC ID number of contributing	С		117.60					
	federal political committee.								
	Name of Employer American Hospital Associa-	Occupation	1	1					
	American Hospital Association-Washingt		rector Executive Branch Rela	t					
	Receipt For:	Aggregate	e Year-to-Date ▼	1					
	Primary General		255.20	P/R Deduction (\$39.20 Bi-					
	Other (specify) ▼		200.20	Weekly)					
SI	JBTOTAL of Receipts This Page (optional)		.	417.60					
			<u> </u>						
т	OTAL This Period (last page this line number or	17154.19							

FOR LINE NUMBER: PAGE 24 / 63 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal Date of Receipt Mailing Address 1215 K Street 03 28 2007 Suite 800 City Zip Code State Transaction ID: 13944199 Sacramento CA 95814 Amount of Each Receipt this Period FEC ID number of contributing 76000.00 C C00237495 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 76000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	76000.00
TOTAL This Period (last page this line number only)	•	76000.00

FOR LINE NUMBER: PAGE 25/63 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 **X** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Citibank, F.S.B. Date of Receipt Mailing Address 1400 G Street, NW 03 30 2007 City Zip Code State Transaction ID: 14000703 Washington DC 20005 Amount of Each Receipt this Period FEC ID number of contributing C 356.24 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General **Bank Interest** 1057.30 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	356.24
TOTAL This Period (last page this line number only)	•	356.24

	CHEDULE B (FEC Form 3X)		erate schedule(s) category of the		FOR LIN	NE NUMBE	R:			PAGE	26 / 6	33		
	EMIZED DISBURSEMENTS		Summary Page		X 21b 27	22 28a		23 28b	2	4 8c	25 29	26 30k		
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam											S		
\vdash	NAME OF COMMITTEE (In Full)													
$ \rangle$	American Hospital Association PAC													
Α.	Full Name (Last, First, Middle Initial) Merchant Bankcard								: 1400 ement	0704				
	Mailing Address 1601 Elm Street						М	[′] C	5 /	Y	2 o ŏ 7	, ^Y		
	City Dallas	State TX	Zip Code 75201			Amou	unt of	f Each	Disbu	rsemer	nt this F	Period		
	Purpose of Disbursement Merchant Fees			Γ	001	T L.					80.2	20		
	Candidate Name			С	ategory/ Type									
	Senate President	ement For: Primary Other (spe	General ecify) ▼			Merc	hant	Fees	8					
_	State: District: Full Name (Last, First, Middle Initial)					Trans		on ID	: 1400	0705				
B.	Merchant Bankcard					Date	of Di	sburs	ement		2 0 ŏ 7	, Y		
	Mailing Address 1601 Elm Street							0 3 0 6 2 0 0 7 Amount of Each Disbursement this Period						
	City Dallas	State TX	Zip Code 75201			Amou	int of	Each	DISDU	rsemer	nt this 1			
	Purpose of Disbursement Merchant Fees Candidate Name			C	001 ategory/ Type			•			04.	,,,		
	Office Sought: Senate President State: Disburs Senate President	ement For: Primary Other (spe	General ecify) ▼			Merc	hant	Fees	5					
С.	Full Name (Last, First, Middle Initial)								: 1387 ement	3279				
	Mailing Address 1400 G Street, NW		03						, ^Y					
	City Washington	State DC	Zip Code 20005			Amou	unt of	f Each	Disbu	rsemer				
	Purpose of Disbursement 2006 Federal Taxes			001				13/3.	30					
	Candidate Name		Category/ Type											
	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼			2006 Federal Taxes								
S	UBTOTAL of Disbursements This Page (optional)				•					1	537.8	34		
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		Detailed Summary Page	27	28a 28b 28c 29 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			, ,
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: 14000706
۹.	Citibank, F.S.B.			Date of Disbursement
	Mailing Address 1400 G Street, NW			03
	City	State Zip Code		Amount of Each Disbursement this Period
	Washington	DC 20005		
	Purpose of Disbursement			146.20
	Bank Fee		001	
	Candidate Name		Category/ Type	
	Office Sought: House Disburse	ment For:	туре	
	Senate Sought.	Primary General		Bank Fee
	President	Other (specify) ▼		
	State: District:	• • • •		

SUBTOTAL of Disbursements This Page (optional)	•	146.20
TOTAL This Period (last page this line number only)	•	1684.04

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check onl	NUMBER:		PAGE	28 / 63	3
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NAME OF COMMITTEE (In Full)	ie and address of any political co	mininge to SC	mon continot	IIIOII 6110III 8	ouch COIIII	ıııııee	
American Hospital Association PAC							
Full Name (Last, First, Middle Initial)			Transac	tion ID: 13	867060		
Price For Congress Committee				Disburseme			v
Mailing Address P. O. Box 1986			0 3	0 6	2	0 0 7	
City Raleigh	State Zip Code NC 27602		Amount	of Each Dis	bursemer	t this Pe	eriod
Purpose of Disbursement	27002					000.00	ס
Contribution		011					
Candidate Name Rep. David E. Price		Category/ Type					
Senate President	ement For: 2008 Primary General Other (specify)		Contribu	ıtion			
State: NC District: 4							
Full Name (Last, First, Middle Initial) Friends Of Jay Rockefeller				t ion ID: 13 Disburseme			
Mailing Address PO Box 1909			0 3	0 6	/ Y 2	0 0 7	Y
City Charleston	State Zip Code WV 25327		Amount	of Each Dis	bursemer	t this Pe	eriod
Purpose of Disbursement Contribution		011			2	2000.00	0
Candidate Name Sen. John D. Rockefeller, IV		Category/ Type					
X Senate President	ement For: 2008 Primary General Other (specify)		Contribu	ıtion			
State: WV District: 2							
Full Name (Last, First, Middle Initial) Heather Wilson For Congress				tion ID: 13 Disburseme			
Mailing Address P.O. Box 14070			0 3	06	/	0 0 7	Y
City Albuquerque	State Zip Code NM 87191		Amount	of Each Dis	bursemer	t this Pe	eriod
Purpose of Disbursement Contribution		011				00.00	0
Candidate Name Rep. Heather A. Wilson		Category/ Type					
	ement For: 2008 Primary General Other (specify)		Contribu	ıtion			
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or for commercial purposes, other than using the nan	ne and address of any political co	ommit	tee to s	olicit cont	ributi	ons fro	m such (comn	nittee		
NAME OF COMMITTEE (In Full)											
American Hospital Association PAC											
Full Name (Last, First, Middle Initial)				Trans	sacti	on ID:	138626	577			
Woolsey For Congress				Date		sburse				17	
Mailing Address P.O. Box 750176				0,3	М	0	6 /	ž	0 ŏ 7	Y	
City	State Zip Code			Amou	unt of	Each	Disburse	ement	t this P	erio	t
Petaluma Purpose of Disbursement	CA 94975			-				1	000.0	00	٦
Contribution		01	1		0					-	_
Candidate Name		Categ									
Rep. Lynn C. Woolsey	ement For: 2008	Тур	е								
	C Primary General			Conti	ribut	ion					
President	Other (specify)										
State: CA District: 6											
Full Name (Last, First, Middle Initial) 3. Mel Watt For Congress Committee						on ID: sburse	138670	96			
				M 3	М		6 /	ΥΥΥ	Y _	Υ	
Mailing Address PO Box 36831				0 3		0	6	2	0 ŏ 7		
City Charlotte	State Zip Code NC 28236			Amou	unt of	Each	Disburse	ement	t this P	erio	t
Purpose of Disbursement								1	000.0	00	
Contribution		01									
Candidate Name Rep. Melvin L. Watt		Categ Typ	•								
Office Sought: X House Disburs	ement For: 2008			Conti	ribut	ion					
	Classics General			Conti	ibut	1011					
State: NC District: 12	Other (specify) ▼										
Full Name (Last, First, Middle Initial)				Trans	sacti	on ID:	138670	93			
Coble For Congress						sburse		.00			
Mailing Address 338 N Elm St				0 ^M 3	М	0	6 / `	ž	0 ŏ 7	Y	
PO Box 1177										_	
City Greensboro	State Zip Code NC 27402			Amou	unt of	Each	Disburse	ement	t this P	erio	t
Purpose of Disbursement	Г			<u> </u>				. 1	000.0	00	
Contribution Candidate Name		01 Cated									
Rep. Howard Coble	'	Typ	•								
	ement For: 2008			Conti	ribut	ion					
Senate President	(Primary General			00110							
State: NC District: 6	Other (specify)										
ı									000		$\overline{}$
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TOTAL This Period (last page this line number only	·)		•								7

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ITE	MIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	21	b Ľ	22 28a	Х	23 28b		24 28c		25 29	26 30l
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L	NAME OF COMMITTEE (In Full)	ne and address of any politica	u com	1111	illee	O SOIIC	il Conti	ibut	IONS II	OIII S	Sucri	COTTITIO	nillee	
I \	American Hospital Association PAC													
	Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown						Trans			_		29		
	-rierias Of Stierroa Brown						M	ot D	isburs		ent / Y	/ Y	Υ	Υ
N	Mailing Address 2280 Kresge Drive Suite 800						0 3			0 6	L	2	o ŏ	7
	City Amherst	State Zip Code OH 44001					Amou	ınt o	f Eacl	n Dis	burse	men	t this	Period
_	Purpose of Disbursement			0		\exists						1	000.	00
_	2012 Contribution			_	11									
	Candidate Name Sen. Sherrod Brown				egory/ /pe									
	X Senate President	sement For: 2012 X Primary General Other (specify)					2012	Coi	ntribu	ıtion	l			
	State: OH District: Full Name (Last, First, Middle Initial)													
_	Sue Myrick For Congress							of D	isburs	eme				
N	Mailing Address P.O. Box 37091						0 ^M 3	М	/ D	06		ž	o ŏ	7 ^Y
	Dity Charlotte	State Zip Code NC 28237				Amou	ınt o	f Eacl	n Dis	burse			Period	
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(Candidate Name Rep. Sue Wilkins Myrick		Ca	ate	egory/ /pe	-								
	Senate President	sement For: 2008 X Primary General Other (specify)	•				Contr	ibut	tion					
	State: NC District: 9 Full Name (Last, First, Middle Initial)									40				
_	Bob Etheridge For Congress Committee							of D	isburs	eme				
N	Mailing Address PO Box 28001						0 3	М	/ D	06	/ [ž	0 0	7
	Dity Raleigh	State Zip Code NC 27611					Amou	ınt o	f Eacl	n Dis	burse	men	t this	Period
F	Purpose of Disbursement Contribution			ņ	11	7			_			. 1	000.	00
	Candidate Name Rep. Bob Etheridge		Ca	ate	egory/ pe	-								
Ō	Office Sought: X House Senate President Disbu	sement For: 2008 X Primary General Other (specify)	<u> </u>	.,	<u> </u>		Contr	ibut	tion					
	State: NC District: 2							_	•		•	2	000.	00
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	CHEDULE B (FEC Form 3	Use seperate scriedule(s	FOR LINE	NUMBER:	PAGE 31 / 63
IT	EMIZED DISBURSEMENT	for each category of the Detailed Summary Page	21b 27	22	4 25 26 8c 29 30h
	r Information copied from such Reports a or commercial purposes, other than using				
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PA				
Α.	Full Name (Last, First, Middle Initial) Collins For Senator			Transaction ID: 1386 Date of Disbursement	
	Mailing Address PO Box 1096			03 / 06 /	Y ŽOÕ7
	City Bangor	State Zip Code ME 04402	1	Amount of Each Disbu	
	Purpose of Disbursement Contribution Candidate Name		011		1000.00
	Sen. Susan M. Collins	Disbursement For: 2008	Category/ Type		
	Office Sought: House X Senate President State: ME District: 2	X Primary General Other (specify)		Contribution	
В.	Full Name (Last, First, Middle Initial) Mike McIntyre For Congress			Transaction ID: 1386 Date of Disbursement	7214
	Mailing Address P.O. Box 1			03 / 06 /	2007
	City Lumberton	State Zip Code NC 28359		Amount of Each Disbu	rsement this Period
	Purpose of Disbursement Contribution		011		1000.00
	Candidate Name Rep. Mike McIntyre		Category/ Type		
	Office Sought: X House Senate President State: NC District: 7	Disbursement For: 2008 X Primary General Other (specify)		Contribution	
C.	Full Name (Last, First, Middle Initial) Re-Elect Brian Bilbray For Congre	ss		Transaction ID: 1386 Date of Disbursement	
	Mailing Address 1307 9th St			03 / 06 /	^Y 2 0 0 7 ^Y
	City Imperial Beach	State Zip Code CA 91932		Amount of Each Disbu	
	Purpose of Disbursement Contribution		011		1000.00
	Candidate Name Rep. Brian P. Bilbray		Category/ Type		
	Office Sought: X House Senate President State: CA District: 49	Disbursement For: 2008 X Primary General Other (specify)		Contribution	
		(optional)			3000.00

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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	F	21b 27	22 28a	Х	23 28b	24 28c		25 29		26 30b
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or for commercial purposes, other than using the name	and address of any political co	ommi	tiee to s	Olicit con	ribut	ions irc	m such	comr	nittee		
NAME OF COMMITTEE (In Full) American Hospital Association PAC											
American Hospital Association 1 Ac											
Full Name (Last, First, Middle Initial)				Tran	sact	ion ID:	138630	73			
A. Doyle For Congress Committee				Date		isburse					
Mailing Address 205 Hawthorne Court				0 3	М	0	6 /	ž	0 ŏ 7	Y	
•	State Zip Code			Amo	unt o	f Each	Disburse	emen	t this F	erio	d
Pittsburgh	PA 15221			- [1	0.000	00	٦
Purpose of Disbursement Contribution		01	1		-	-	-		000.0	,,,	_
Candidate Name			gory/								
Rep. Michael F. Doyle		Ту	ре								
J	ment For: 2008 Primary General			Cont	ribu	tion					
President	Other (specify)										
State: PA District: 14	, , , , , , , , , , , , , , , , , , ,										
Full Name (Last, First, Middle Initial)				Tran	sact	ion ID:	138630)69			
Blumenauer For Congress						isburse					
Mailing Address 830 Ne Holladay Suite 10	05			0 ^M 3	М	0	6 /	ž	0 Ď 7	Y	
City Portland	State Zip Code OR 97232			Amo	unt o	f Each	Disburse	emen	t this F	erio	d
Purpose of Disbursement	07202			1 [1	000.0	00	
Contribution		Q1	11								
Candidate Name Rep. Earl Blumenauer	7		gory/								
	ment For: 2008	Ту	pe	-							
	Primary General			Cont	ribu	tion					
President	Other (specify) ▼										
State: OR District: 3											
Full Name (Last, First, Middle Initial) Jesse Jackson Jr. For Congress						i on ID: isburse	138626	375			
				M	М	/ D	D /	Y Y	Y	Υ	
Mailing Address P.O. Box 490286				0 3		0	6	2	0 ŏ 7		
City Chicago	State Zip Code IL 60649			Amo	unt o	f Each	Disburse	emen	t this F	erio	d
Purpose of Disbursement Contribution	00043	0.4						1	000.0	00	
Candidate Name		01 Cate	gory/								
Rep. Jesse L. Jackson, Jr.		Ту									
-	ment For: 2008			Cont	ribut	tion					
Senate X President	Primary General Other (specify) ▼										
State: IL District: 2	Other (Specify) ▼										
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SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)		: NUMBER:	33 / 63	63		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on 21b 27	22 X 28a		-	25 29	26 30b
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American Hospital Association PAC							
Full Name (Last, First, Middle Initial)			Transact	ion ID: 1386	3071		
Buck McKeon For Congress				Disbursement	VV	V V	-
Mailing Address 24265 San Fernando Ro	ad		03	06	2 (o ŏ 7 °	
City	State Zip Code		Amount o	of Each Disbu	rsement	this Pe	riod
Santa Clarita Purpose of Disbursement	CA 91321				1(00.00	, ,
Contribution		011					
Candidate Name Rep. Howard P. McKeon		Category/ Type					
The state of the s	ement For: 2008 Primary General Other (specify)		Contribu	tion			
Full Name (Last, First, Middle Initial)			_		7040		
Hayes For Congress				ion ID: 1386 Disbursement	/218		
Mailing Address			M M M	/ D D /	Y Y 2 (0 0 7 °	1
Mailing Address Post Office Box 2000			0.0	٥٥	2 (<i>J U I</i>	
City Concord	State Zip Code NC 28026			of Each Disbu	rsement	this Pe	riod
Purpose of Disbursement	20020				10	00.00	
Contribution		011					
Candidate Name Rep. Robin C. Hayes		Category/ Type					
Office Sought: X House Disburs	ement For: 2008 Primary General Other (specify)	- 7,6-2	Contribu	tion			
Full Name (Last, First, Middle Initial)			Tueness	iam ID: 1000	2074		
Friends Of Patrick J. Kennedy Inc.				i on ID: 1386 isbursement	3074		
Mailing Address P.O. Box 321			03 M	06	y y Y	o ŏ 7 °	
City Pawtucket	State Zip Code RI 02860		Amount o	of Each Disbu	rsement	this Pe	riod
Purpose of Disbursement Contribution	711 02000	011			10	00.00	
Candidate Name		Category/					
Rep. Patrick J. Kennedy	2000	Туре					
	ement For: 2008 Primary General Other (specify)		Contribu	tion			
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ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30c				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
American Hospital Association PAC							
Full Name (Last, First, Middle Initial) A. Walter Jones Committee 2006			Transaction ID: 13867395 Date of Disbursement				
Mailing Address PO Box 99667			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} $				
	State Zip Code NC 27624		Amount of Each Disbursement this Period				
Purpose of Disbursement Contribution	27021	011	1000.00				
Candidate Name Rep. Walter B. Jones, Jr.		Category/ Type					
Senate X President	ement For: 2008 Primary General Other (specify)		Contribution				
State: NC District: 3 Full Name (Last, First, Middle Initial)	_		T				
B. Forbes For Congress			Transaction ID: 13863072 Date of Disbursement				
Mailing Address PO Box 15100			$ \begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} $				
•	State Zip Code VA 23328		Amount of Each Disbursement this Period				
Purpose of Disbursement Contribution		011	1000.00				
Candidate Name Rep. J. Randy Forbes		Category/ Type					
	ement For: 2008 Primary General Other (specify)		Contribution				
State: VA District: 4							
Full Name (Last, First, Middle Initial) C. PHILPAC: Prosperity Helps Inspire Liberty			Transaction ID: 13862690 Date of Disbursement				
Mailing Address P.O. Box 26366			$ \begin{array}{c c} & \end{array} \end{array} \end{array} $				
	State Zip Code VA 22313		Amount of Each Disbursement this Period				
Purpose of Disbursement 2007 Contribution		011	2500.00				
Candidate Name	didate Name Categor Type						
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		2007 Contribution				
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3. Committee To Elect McHugh				Disbursement		• • • •	7
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B.	Charlie Dent For Congress							Date		isbu	rsem	nent		ž o ŏ :	Y	
	Mailing Address PO Box 442							0 3		L	1 3					
	City Allentown	State PA	Zip Code 18105					Amou	ınt o	f Ea	ch D	isbur		nt this 2000.		ď
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C.	Full Name (Last, First, Middle Initial) Martinez For Senate							Trans Date	of D	isbu	rsem	nent				
	Mailing Address 610 S Boulevard							0 3	М		13		Y 2	ž 0 Ŏ	7	
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	Mailing Address PO Box 1909							0 3	М	L	1 5		Y .	žoŏ	7	
	City Charleston	State WV	Zip Code 25327					Amou	ınt c	of Ea	ch C	isbur		nt this		d
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Judy Biggert For Congress					ction ID: Disburs	ement	208		
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	City Washington	State Zip Code DC 20002			Amou	nt of Each	n Disburs	ement	this P	eriod
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3.	Full Name (Last, First, Middle Initial) Rush Holt For Congress					action ID		210		
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Э.	Full Name (Last, First, Middle Initial) Knollenberg For Congress Committee					action ID		352		
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Candidate Name Rep. Scott Garrett		Category/ Type					
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Full Name (Last, First, Middle Initial) 3. Committee To Elect Chris Murphy				ion ID: 1394	4853		
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City Cheshire	State Zip Code CT 06410		Amount o	f Each Disbur	sement th	nis Peri	od
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Full Name (Last, First, Middle Initial) Reynolds For Congress				on ID: 1394	4879		
Mailing Address PO Box 15388 Pittsford			03	26	y žo	ŏ 7 Y	
City Rochester	State Zip Code NY 14615		Amount o	f Each Disbur	sement tl	nis Peri	od
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B. Friends Of Mazie Hirono			Transaction ID: 13983001 Date of Disbursement
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•	State Zip Code HI 96809		Amount of Each Disbursement this Period
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Candidate Name Mazie Hirono		Category/ Type	
	ement For: 2008 Primary General Other (specify)		Contribution
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۹.	Patrick Murphy For Congress	Date of Disbursement					
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	City Levittown	State Zip Code PA 19058		Amount of Each Disbursement this Period			
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